

# VOLUNTEER SERVICE APPLICATION

## RAPPAHANNOCK AREA HEALTH DISTRICT

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Employer or Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

### Volunteer Experience

Agency/Address	Dates	Duties

### EMPLOYMENT EXPERIENCE

Company/Address	Dates	Position or Duties

### Special Skills(Check One)

Typing \_\_\_\_ Bookkeeping \_\_\_\_ Accounting \_\_\_\_ Mechanical \_\_\_\_ Teaching \_\_\_\_  
 Art \_\_\_\_ Nursing \_\_\_\_ Recreation \_\_\_\_ Other \_\_\_\_

### Education

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Post Graduate \_\_\_\_\_

Major Subjects \_\_\_\_\_

Special Training \_\_\_\_\_

\_\_\_\_\_

### Hobbies or Interests

\_\_\_\_\_

\_\_\_\_\_

### Name to Contact in Case of Emergency

\_\_\_\_\_

Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_